



STATE OF MAINE
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135

Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179

FAX: 287-6775

Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME

1 M.R.S.A. §§ 1016-A *et seq.*

COVERING THE CALENDAR YEAR

JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: L GARY KNIGHT

Please check the appropriate box and fill in the District number.

MAILING ADDRESS: 453 MOOSE HILL ROAD

CITY: LIVERMORE FALLS

ZIP CODE: 04254

☐ Member of the Senate, District _____

PHONE NUMBER: 897-2489

☒ Member of the House, District 81

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:
5:00 p.m. on February 15, 2007.
2. The report covers you, your spouse, and your dependent children.
3. Report only specific sources of income. Dollar amounts need not be listed.
4. Campaign contributions duly recorded as required by law need not be reported in this statement.
5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
6. **Please sign on Page 4.**
7. The completed statements will be posted as a 'pdf' on the Commission's website.
8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

<u>Name of Employer</u>	<u>Address</u>	<u>Principal Type of Economic Activity of Employer</u>
1. ANDROSCOGGIN BANK	30 LISBON ST, LEWISTON 04243	BANKING SERVICES
2. _____	_____	_____
3. _____	_____	_____

PART II. INCOME DERIVED FROM SELF-EMPLOYMENT. *(For Legislators who are self-employed.)*

A. Enter the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.

<u>Name and Address of Business Entity</u>	<u>Major Areas of Economic Activity (self)</u>	<u>Major Areas of Economic Activity (partnership, association or similar business entity)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

B. Name each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

<u>Name of Source</u>	<u>Address</u>	<u>Principal Type of Economic Activity of Entity or Person Who Is the Source of Income</u>
1. NA	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PART III. MAJOR AREAS OF PRACTICE. *(For Legislators who are attorneys-at-law only.)* List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

<u>Name and Address of Firm</u>	<u>Major Areas of Practice (self)</u>	<u>Major Areas of Practice (firm)</u>
1. NA	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

<u>Name of Source</u>	<u>Address</u>	<u>Kind of Income</u>
1. _____	_____	_____
2. <i>See separate sheet of paper for interest/dividend income</i>	_____	_____
3. _____	_____	_____

PART V. DISCLOSURE OF REPORTABLE LIABILITIES. List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, so state.

<u>Name of Creditor</u>	<u>Address of Creditor</u>	<u>Principal Type of Economic Activity of Creditor</u>
1. <i>NONE other than credit cards</i>	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PART VI. DISCLOSURE OF GIFTS. Name the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, so state.

1. <i>NONE</i>	3. _____
2. _____	4. _____

PART VII. DISCLOSURE OF HONORARIA. List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, so state.

1. <i>NONE</i>	3. _____
2. _____	4. _____

PART VIII. REPRESENTATION BEFORE STATE AGENCIES. Identify each executive branch agency before which you represented or assisted others for compensation of any amount. If none, so state.

1. <i>NONE</i>	3. _____
2. _____	4. _____



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: (207) 287-4469

L. Gary Knight

453 Moose Hill Road
Livermore Falls, ME 04254
Residence: (207) 897-2489
LGary.Knight@usa.net

STATEMENT of INCOMEPART IVOther Sources

<u>NAME of Source</u>	<u>Address</u>	<u>Kind of Income</u>
Androscoggin Bank	30 Lisbon St, Lewiston 04243	interest (me + wife) pension
Citigroup (Smith Barney)	100 Middle Street, Portland 04104	dividends, interest capital gains (wife)
BOSC, Inc	3045 S. HARVARD TULSA, OKLAHOMA 74114	dividends, interest (wife)
Franklin Savings Bank	147 Main St, Farmington 04938	interest (me + wife)
Franklin Templeton	Po Box 33030 St Petersburg, FL 33733	Mutual Fund
Maine Bank + Trust	462 Congress St, Portland 04104	dividends, interest cap. gains
Northeast Bank	Po Box 2017 Lewiston 04241	interest
Rivergreen Bank	36 Portland Rd, Kennebunk 04043	interest (me + wife)
The Vanguard Group	Po Box 13750 Philadelphia, PA 19101	mutual fund (wife)
Merrill Lynch	350 Fore Street, Portland 04104	dividends, interest capital gains
Advest, Inc	2 Monument Sq, Portland 04104	div/int + cap gains

PART IX. BUSINESS WITH STATE AGENCIES. Identify each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, so state.

1. None 2. _____

PART X. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY.

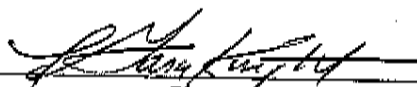
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child(ren) during the reporting period and the kind of income represented. Do not include gifts. Indicate (S) beside sources of income received by spouse and (D) beside sources of income received by dependent(s).

Type of Economic Activity
Representing Each Source of
Income Received

Kind of Income

1. RENTAL INCOME (S) of summer home (wife) Rent
2. _____
3. _____
4. _____

The intentional filing of a false statement shall be a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. A Legislator who willfully fails to file a required statement is subject to a civil penalty not to exceed \$1,000, payable to the State and recoverable in a civil action. (1 M.R.S.A. § 1019)


Signature

January 5 2007
Date